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PLACE OF DEATH

Reg. Dist. No

240. REC'D BY REGISTRAR MAR 2 8 '60 DATE

24b. REGISTRAR'S SIGNATURE

Culling S. Krous

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

o. STARTYLAND

b. COUNTY

DORUMNSTER . COUNTDORCHES TER MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRITTO (Sest town) HILL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CHEMBETTEE MARYLAND HOSP. RURAT. YES NO MA NAME OF First Middle 4. DATE Lost Month Day OF DEATH HAZEL COLLINS ASPLEN MARCH 20. 60 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED THE PEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months FEMALE WHITE WIDOWED | DIVORCED | FEB. 10, 1893 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) OWN HOME USA HOUSE WIFE MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CHARLES H COLLINS MARY PATTERSON 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address IYes, no. or moloow MR. RALPH ASPLEN UNKNOWN WOOLFORD MARYLAND 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c].] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Terminal Bronchopneumonia 3 days IMMEDIATE CAUSE (o) DUE TO Hemolytic Anemia Conditions, if ony, which ! mos gove rise to immediate DUE TO cattle (o), stoling the under-Lymphoid Leukemia lying couse lost. vear PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus YES NO W 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of werk-21. I certify that I attended the deceased from 6-12-59..., 19..., ta 3-20-60..., 19..., that I last saw the deceased and that death accurred at 8:00 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL 15 Locust Street, Cambridge, Md. 3-21-60 PHYSICIAN'S NAME (Type) Eldridge H. Wolff 220. BURIAL, CREMATION, DORCHESTER MEMORIAL (Stote) BRENCIAL (Specify)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 4 & 8, Film G258 3/16/6 CERTIFICATE OF DEATH

				Reg. Di	st. No.
g. COUNTY	32.74		2. USUAL RESIDENCE (Where deceded on STATE		nce before admission)
Borches	ter Co.	MARYLAND	Maryland	b. COUNTY Dor	chester Co.
	If outside corporate limits, writ	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside car	porote limits, write RURAL and	give nearest town)
		Life	/3 Cambridge.	Maryhardd	
OR INSTITUTION		eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	coust, Street.			Street	YES NO N
NAME OF DECEASED	First	Middle	tost 4. DATI		Year Year
(Type or print)	Guy	R	Bradshaw DEAT		1, 19 60
SEA			8. DATE OF BIRTH12/10/18/1	9. AGE (In years IF UNDER lost birthday) Manths	Days Hours Min.
Male		WED DIVORCED	12/10/18764.	88 yrs.	
during most of wor	ON (Give kind of work dane) It rking life, even if retired)	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPDSECHIESCOT	12. CI	TIZEN OF WHAT COUNTRY
Well Dig	ger	Well Digger		Maryland,	U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Jos	eph W. Bradsha	W	Mary Pearso	מפ	
S, WAS DECEASED EVI	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. H	NFORMANT	Address	
No	No	220-32-9908 M	s. Lucille Noon.	Box 23. New St	anton. Pa.
18. CAUSE OF DE	ATH [Enter only one cause pe				INTERVAL BETWEEN
	ATH WAS CAUSED BY:	ORONAR	Y THRO.	M BOSIS	ONSET AND DEATH
11.00	DUE TO				20 /1///
Canditions, if	nau subiat V				
gove rise to	immediate (0)				
cosse (a), stating lying couse last.					
	. , (-)	IC CONTRIBUTING TO DELTH BUT	NOT RELATED TO THE TEACHER IN DIST	APP COMPLETE AND	
C CS		LVE HE	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	PERFORMED?
			415 / /-/-	LUKIL	YES NO
OR CONTRIBUTING	AS UNDERLYING (206. D) GOVERNMENT AS UNDERLYING (206. D) AS UNDERLYING (206. D)	DESCRIBE HOW INJURY OCCURREN), (Enter nature of injury in Port I as f	Port II of item 18.)	
20c. TIME OF INJU-			CE OF INJURY (Home, form, 20f. (C	lity or town) (County) (Stote)
Haur a.m.	19 Wh	ile Not while	tlory, street, office bldg., etc.)		
	hat I attanded the dear	1/28	10/00 - 3 /	1 1060	1
	hat I aftended the dece	60	19.50, 10.		last saw the decease
olive on		and that death		om the couses and on t	
ACTUAL	1156	1. 1005.	ADDRESS O	(Street, city or town, state)	DATE SIGNE
SIGNATURE	war 6. A	-arty / S.	M.D. / U.S. S. M.C.	1664-21	1/1/AS
PHYSICIAN'S ON NAME (Type	4LTER E.	G UNDEY JA	Comb	-dge	md.
O. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c, NAME OF CEMETERY O	R CREMATORY 22d. LOC	ATION (Cit), town, or county)	(Stote)
Burial	3/2/60.	Greenlawn Co		bridge, Maryla	
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	24a. REC'D SY REG		
Le Compte	Funeral Servi	.ce, Cambridge,	BATGUER 1 1	60 Cithur S.	Travel.

Fig. 1. The registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

	TE OF BEATH	**	
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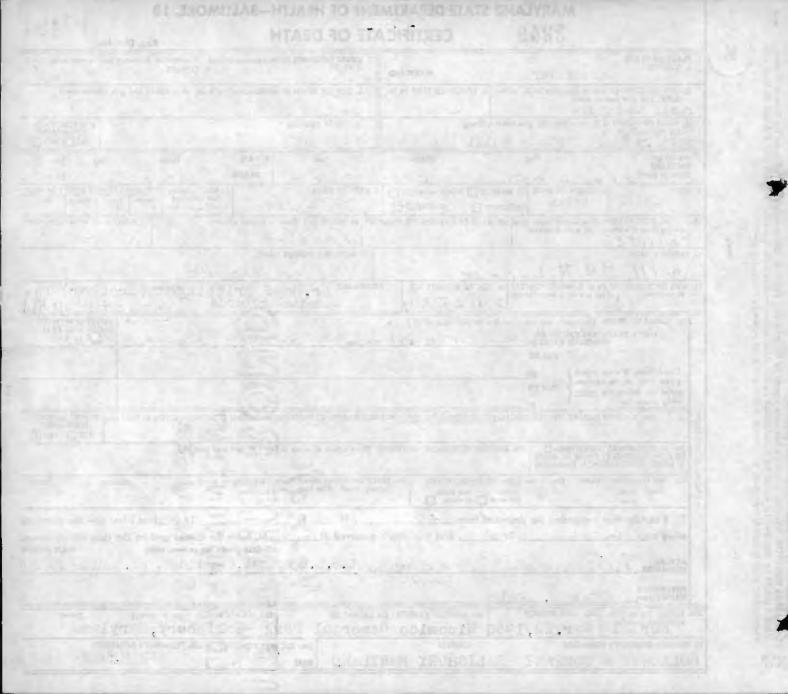
CERTIFICATE OF DEATH

03199

M fled in by the funeral director, as 1 and 2 should be filed with me be retained by the hospital or attending physicion. page 3 shauld be detached for use as the burial transit permit. Then please remove carbon papers. the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. YS A1S (4) 15M 9/S5

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

	0.020	ORIZITI IX	AIL OF BUATE	Reg. Dist. No.
	Dorchester	MARYLAND	II A STATE	lived. If institution, Residence before admission) b. COUNTY
b. cn Ru rur	IY OR TOWN (If outside corporate limits, write RAL and give rearest town) al Cambridge	c. LENGTH OF STAY IN 16	C. CITY OF TOWN (If outside corpor	ote limits, write RURAL and give nearest town)
OR.	AME OF HOSPITAL (If not in hospitol, give street institution tern Shore State Hospi	1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\square\) NO \(\sqrta\)
3. NAM DECE. {Type	E OF ASED or print) Wallace	Middle B 1-1	TILNS A TO DEATH	Month Day Year March 21 1960
S. SEX	6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED DIVORCED	B. DATE OF BIRTH NOV 30 1905	9. AGE (In years lost birthdoy) Months Doys Hours Min.
10o. USL	UAL OCCUPATION (Give kind of work done 10b. ing most of working life, even if retired)	KIND OF BUSINESS OR IN	MARYIAND MARYIAND	12. CITIZEN OF WHAT COUNTRY USA
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN NAME	
1	1111 BRITTINGHA	m	mollie mo	ore
	of unknown) (Iff yes, give war or dates of service)	SOCIAL SECURITY NO. 17.		itting Mam (Brother)
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Orditions, if ony, which)	ne for (a), (b), and (c).]	-al Harmon	INTERVAL BETWEEN ONSET AND DEATH
80	ve rise to immediate cse (a), stoting the <u>under-</u> ng couse lost. (b) DUE TO			
CERTIFICATION 1908		CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sqrt{NO} \) NO \(\sqrt{A} \)
	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part	Il of item 18.)
WEDICAL	TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 White p. m. 19	Not while	PLACE OF INJURY (Hame, form, 20f, (City factory, street, office bldg., etc.)	or town) (County) (State)
ACTI SIGN	SICIAN'S	Diredge	th occurred at 12/51 M, from	the causes and an the date stated above eet, city or town, state) DATE SIGNE Cambridge, Md. \\ \tau \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ME (Type) Thomas J. Dredg			
REN	Mar. 22, 1960	22c. NAME OF CEMETERY QICOMICO	Rd .	ion (City, town, or county) (Stole) 2lisbury, Maryland
	ERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'DI NERBISTI	RARO 24b. REGISTRAR'S SIGNATURE
HOL	LOWAY & COMPANY SA	ALISBURY MA	RYLAND DATE	The state of the s



							OF HEALT		IMOKE, I	0	0321
1			32	25	CERTI	FICATE	OF DEAT	Н		Reg. Dist. N	
	1. [LACE OF DEATH	Dorchest	er	MARY	[] -	STATE Mary	Vhere deceased land	lived. If institution b. COUNTY	Dorch	
	١	. CITY OR TOWN (I	f outside corporate limi		LENGTH OF STAY	IN 1b c.	CITY OR TOWN (III	outside corpor	ole limits, write RU		
		Camb	ridge		Life	1		ridge			
X		OR INSTITUTION	at (If not in hospital, g	give street øddr	es1)	1	STREET ADDRESS	ark La	ane		e. IS RESIDEN ON A FAI YES NO
	3. [NAME OF	Fi	af	Middle		Last	4. DATE	Mont	h	Day Year
	-	Type or print)	Willia	10010	Thomas		rroughs	DEATH	March		19
	5. 9	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 8. DAT	E OF BIRTH		9. AGE (In years lost birthday)	If UNDER 1 YE Months Day	AR IF UNDER 2
		Male	Negro	WIDOWED	_	- 14FM1	ril 22,	1883	76 yrs.		
	100.	during most of work	ON (Give kind of work- king life, even if retired	done 10b. KINI)							OF WHAT CO
		Labore	er	Foc	d Packi		Dorche		co., Md.	U	SA
1	13.	FATHER'S NAME				14.	MOTHER'S MAIDEN				
				rrough				Eliza	Jacks		
	1S. Yes		R IN U. S. ARMED FOR (If yes, give wor or dates of a	ervics)					Addre		
		No	*****	217	<u>10-813</u>	3 1	Mabel Ja	ckson.	Cambri	idge,	Md.
		Conditions, if or gove rise to it codes (o), stoting lying couse lost.	mmediate (
0	CATION		IER SIGNIFICANT CON	DITIONS CON	RIBUTING TO DEA	ATH BUT NOT R	ELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	EN IN PART 1(o)	19. WAS AUT PERFORMI YES N
		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBI	HOW INJURY O	CCURRED. (Ente	r nature of injury i	Port I or Port	II of item 18.)		
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye 19	While at work	Not while of work	20e. PLACE Of foctory, st	INJURY (Home, for reet, office bidg., e	rm, 20f. (City	or town)	(Count	[ע]
1		ACTUAL SIGNATURE	at I attended the	fors	, and that		19.60 , ta	M, fram ADDRESS (Str		nd an the d	late stated o
		BURIAL, CREMATIO	Edwin F		c. NAME OF CEM	ETERY OR CREM	MATORY	22d. LOCATI	ON (City, town, or	r county)	(Stote)
	220	REMOVAL (Specify)	2/00/4	0/0	TT	M		C4 2			
		Burlal FUNERAL DIRECTOR:	3/27/1	960	Waugh (Cemete		Cam]		Maryla	

MARY LATE STATE SEPARTMENT OF HEALTH-MARTIMOTE, 6 3000 . . The state of the s Exercise and white a party and a real arms of the personal and the second Mar Make I ake

VS A15 (4) 15M 9/5B MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	PLACE OF DEATH O. COUNTY DOT	chester		MARY	LAND	2. USUAL RES 6. STATE		ere deceosed land	lived. If institution b. COUNTY	orchest	ore admiss	ion)
	b. CITY OR TOWN (I RURAL ond give no 1 enr	f outside corporate limi carest town) 10 — Rural	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna - Fural)
	OR INSTITUTION	at (If not in hospitol, g		address)		/ d. STREET		Neck				FARM?
	NAME OF DECEASED (Type or print)	Sarah	st	Middle Luvina		Cephas		4. DATE OF DEATH	March			Year 1 9 60
	sex Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRII		August			7. AGE (In years last birthdoy) 65 yrs.	Months Doys	Hours	R 24 HRS Min,
	Housewor	DN (Give kind of work only life, even if retired)	ione 10b.	KIND OF BUSINESS O	R INDUS	Dorc	hester	· 00.,	^{nlry)} aryland	12.CITIZENO		OUNTRY?
13.	FATHER'S NAME	Ψ				14. MOTHER						
15		er James T.	_		i ir	FORMANT	nerine	lleigh	l. Addr	ess		-
(Ye		(If yes, give war or dates of s		None		ames W.	Ceph	as, V	ienna,		D. #	1
CERTIFICATION	20g ACCIDENT WA	mmediate DUE TO	My sold	ONTRIBUTING TO DE	-	blegi	4		CONDITION GIV	EN IN PART 1(a)	19. WAS PERFO	AUTOPSY PRMED? NO
MEDICAL		Y Month, Doy, Yes	While	NJURY OCCURRED Not while	20e. PLA fac	CE OF INJURY tary, street, affic	(Hame, farm te bldg., etc.	20f. (City	or lown)	(County)	(Stote)
	ACTUAL SIGNATURE PHYSICIANS NAME (Type) BURIAL, CREMATIO REMOVAL (Specify) BURIAL TALL	and attended the	, 19 5, 196	Zzc. NAME OF CEM	etery of	A.D	2:201	M, fram t ADDRESS (Str	he causes and eet, city or town, on (City, Iown, ca, Pary 1	d on the dat state) WA N	DAT	above.
•	J.J.Frampt	s signature S on	, re	eralsburg,	'al	yLand	DATE	R 2 1 '60	3 -	thun St than	44	

il - July Dennia eps y has Congration Heart of meline 3 mes 43 ald H. Wendual homphyin 55 744-15 60 March 60 (ambuly, Wa Mus 1960 Wilsonpean James M. Thompson

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VS A15 (4)

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should

o. COUNTY

NAME OF

5. SEX

DECEASED

None

No

ACTUAL

Frampton & Son. Federalsburg. Md.

Culling S. Frank DATE APR 5

Firm 6-261- 4/21/60- MB.
Two For ONE CERTIFICATE

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Poges 1 and 2 should be filed with

CERTIFICATE OF DEATH 3227

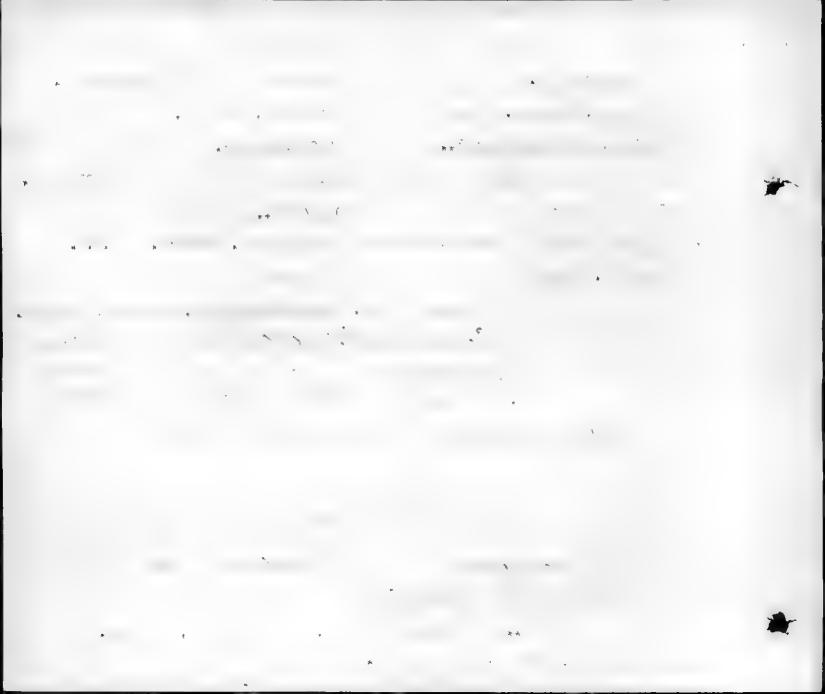
Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESI	DENCE (Whe	re deceased lived		n Residence	before odm	ission)
	ester Co.		MARYLAND	o. STATE Mar	yland		b. COUNTY	orches	ter C	0.0
b. CITY OR TOWN (If a RURAL and give near	outside corporate limits, v rest town)	write c. LE	NGTH OF STAY IN 18	c. CITY OR	TOWN (If ou	tside corporate li				
Cambridg	e. Maryland	L	ife	/ Car	bridge	Maryl	and			
d NAME OF HOSPITAL	L (If not in hospital, give	street address	2) -	/d STREET A	DDRESS				e. IS R	ESIDENCE A FARM?
Cambridge,	Maryland H	ospita	lee	202	Talbo	t Ave.			YES	NO P
3. NAME OF DECEASED	First		Middle	Las	it	4. DATE	Moni	h	Day	Yeor
(Type or print)	Ge	orge	Otis	Dashiell		DEATH	3		31	19 60-
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8. DATE OF BIRT	н -	9. AC	E (In years t birthdoy)	Months D		
Male	White w	IDOWED 🗌	DIVORCED [10/20	1890		69 Yrs.	Months D	oys Hour	s Min.
10g USUAL OCCUPATION	(Give kind of work dan-	e 10b KIND	OF BUSINESS OR INI	OUSTRY 11. BIRTHPI	ACE (State o	r foreign country)		- 12 CITIZE	N OF WHAT	COUNTRY?
News Paper		News	Paper Dea	ler Doro	hester	Co. Man	rvland	- U	S.A.	
13. FATHER'S NAME	-			14 MOTHER'S						
Charles T	. Dashiell			IIn	known					
1S. WAS DECEASED EVER		7 16. SOCIA	L SECURITY NO.	INFORMANT "			. Addr	ess ess		
No	No	-	CDOM/	Mr. Gero	on The	hialla :	Iw. Car	abri-de	o Mos	ryland.
18. CAUSE OF DEATE	H [Enter only one couse	per line for ((o), (b), and (c).]	-/	-	1 /1.	7 to 100	mer-rus	INTERVAL	BETWEEN
	H WAS CAUSED BY: MMEDIATE CAUSE (a)	Co	wenter	2 Dog	1851	melic	10		ONSET AN	DEATH
4903	DUE TO		1		1					7/
Conditions if ony	, which) (b)	1111	emic		0				2de	LC.
gave rise to im-	mediate (Dur To	(1)		. //	17	11.	,			Car
lying couse last.	e under-	ne	umon	a fat	many.	LU.	_		20	097
PART JI. OTHE	R SIGNIFICANT CONDITI	IONS CONTRI	BUTING TO DEATH B	UT NOT RELATED TO	THE TERMIN	IAL DISEASE CON	IDITION GIV	EN IN PART I	(o) 19. WA	SAUTOPSY
PART /I. OTHER	tero- si	lero	ne 5	enerco	lead	10h	earl	4		ORMED?
20g. ACCIDENT WAS	UNDERLYING [206	b. DESCRIBE I	HOW INJURY OCCUR	RED. (Enter nature of	of Anjury in Po	ort I or Part II of	item 18.)	/		
OR CONTRIBUTING E	L CAUSE OF DEATH EDICAL EXAMINER}									
3 20c. TIME OF INJURY	Month, Day, Year	20d. INJURY	OCCURRED 20e.	PLACE OF INJURY	Home, form,	20f. (City or to	wn)	(Co	unty)	(Stote)
20c. TIME OF INJURY Hour o. m.			Not while	factory, street, offic	e blolg., etc.)	do to				
			10.0	28.1860	. 2	210.71	10/00			
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alive an_/M		1460-	, and that dea	iih accurred as		VI, fram the o DDRESS (Street, o			date stati	ate Signed
ACTUAL //	120	h	-		Co . H	1.00	20	1-1	2/3	11.
SIGNATURE	VI aoui	1	-	M.D.	CCCIP	my ja	/4	4	0/2/	160-
PHYSICIAN'S NAME (Type)	amas 1	1.1	horups	ru						n make whom noise moths ands 4000 4000
220. BURIAL, CREMATION	, 226. DATE THEREOF	22c.	NAME OF CEMETERY	OR CRÉMATORY		22d. LOCATION (City, town, c	or county)	· (SI	ote)
Buriel (Specify)	4/2/60		Greenlawn	Centery.		Cambrid	ge. Ma	rvlan	da	
23. FUNERAL DIRECTOR'S	SIGNATURE	,	ADDRESS		24a. REC'D	BY REGISTRAR	24b. REGIS	TRAR'S SIGN	ATURE	
Le Compte Fu	neral Servi	ice, Ca	mbridge, l	/ide	DATE AD	5 '60	a	rthur S.	Threes	

TO YOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 VS A1S (4) 15M 9/S8

be retained by the haspital or attending physician.

O. ANERAL DIRECTOR: After this certificate has been signed by the attending physician and completely page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Po the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.



Cambridge Md

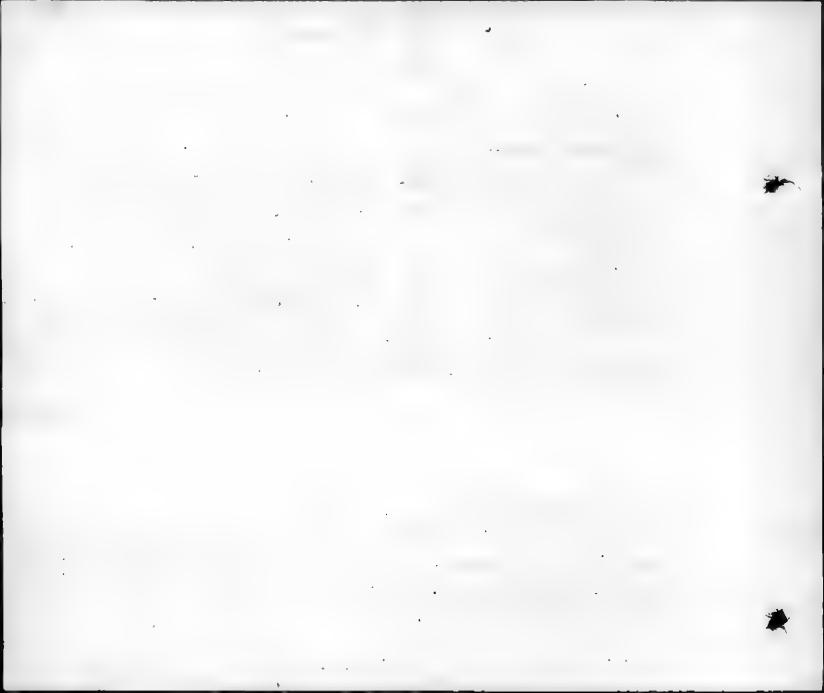
DATE MAR 8

Collins & Henry

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VS A15 (4)

15M 9/58



113205 3251 **CERTIFICATE OF DEATH** Reg. Dist. No. 3 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY a. STATE be filed Dorchester **b** COUNTY MARYLAND Md. Somerset b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Crisfield yrs. ruralCambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Jacksonville Rd. Eastern Shore State Hospital YES NO 17 2 NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH THOMAS DIZE March 24 EDWARD 1960 (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 87 TORK yrs. Manths Hours camplete male WIDOWED | DIVORCED | whi te papers 10a USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

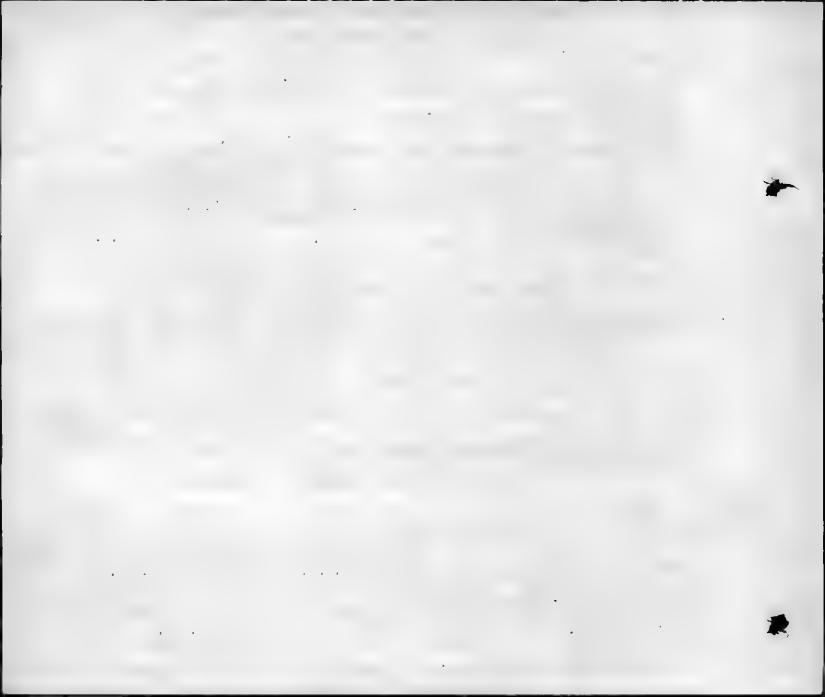
11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? deal U.S. Md. Seafood Pio waterman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martha Miles Thomas Dize 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Hospital records unknown no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic Heart Disease **DUE TO** څ Conditions, if any, which been signed gave rise to immediate **DUE TO** cattle (o), stating the underpuo lying couse last. **burial-transit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CATION WAS AUTOPSY PERFORMED? YES NOT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, affice bldg., etc. O. IR. Not while at work all all wark 21. I certify that I attended the deceased from 100 411, 1952, to Mar 24, 1960, that I last saw the deceased oched ___, and that death occurred at 10.32 P.M. from the causes and an the date stated above. ADDRESS (Street, city or lown, state) det **ACTUAL**SIGNATURE prior 10 Lock MD. E.S. S. Hospital, Cambridge, Md P 3 shoul PHYSICIAN'S Thomas J. Dredge NAME (Type) 22a. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Mar. 27. 1960 Mariners Cemetery Crisfield, Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 2 8 '60 **VS A1S (4)** Bradshaw & Sons, Crisfield, Md. Cirthur & Kraus

death

within

executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

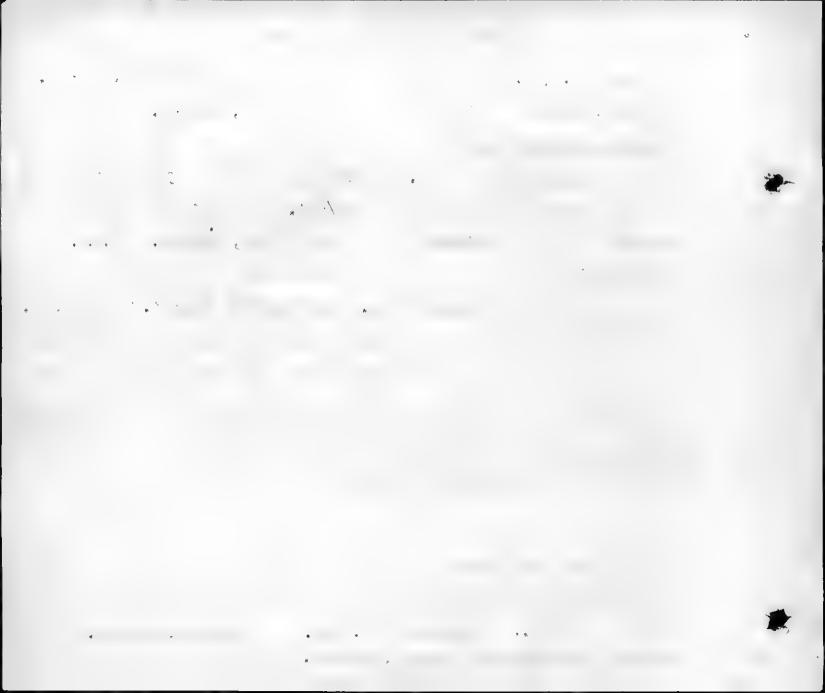


É O VS A1S (4) 15M 9/58 03206

3229 **CERTIFICATE OF DEATH**

Dam Dies Ma

								- Ki	88" NIST 140"		
1. PLACE OF DEATH o. COUNTY Dorchest	()-		W.477	CLASWS	2. USUAL RESIDENCE			b. COUNTY			
		. 1			Marya				orches		
b, CITY OR TOWN (I RURAL and give no	f outside corporate limit earest town)	s, write c	LENGTH OF STAY	IN 16	c. CITY OR TOWN	(If outside	corporole li	nits, write RURA	L and give nea	rest town)	
	e, Maryland		l Week		X Church	Cree	k. Mar	yland.			
	AL (If not in hospital, gi		ress)		d. STREET ADDRES					e. IS RESID	DENCE
	e, Maryland,	Hospi'	tal		None					YES 🗌	
3. NAME OF	Firs	1	Middle	2	last	4. D	ATE .	Manth	Day	y Yo	ear
(Type or print)	Edward		A	E	lliott	Di	ATH	3	3	19	9 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🗍 B.	DATE OF BIRTH		9. AG		UNDER 1 YEAR	IF UNDER	
Male	White	WIDOWEL	DIVORCE		2/17/1877.			birthdoy) M 33 yrs.	onths Doys	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of wark d	ane 10b. KINI	D OF BUSINESS C	OR INDUST	RY 11. BIRTHIDAGE (S	has fe	en Gery		12. CITIZEN OF	WHATCO	UNTRY?
Waterman	king`life, even if retired)		terman		Fishing				U.S	۸	
13. FATHER'S NAME		11100	OUT HEATS		14. MOTHER'S MAID		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Jaconson	0,0	0.73. 9	
Levin El	liott				Louise E	lliot	t.				
15. WAS DECEASED EVE	R IN U. S. ARMED FORG		IAL SECURITY NO), IN	ORMANT			Address			
(Yes, no, or unknown)	(If yes, give wor or dates of se		nknown	Mrs	Fred Ell	iotts	20 Ce	ndar St.	Cambri	idge.	Md.
-	ATH [Enter only one cou					<u> </u>				RVAL BET	WEEN
	TH WAS CAUSED BY:	£	2	•	0.0	-/		010 051		ET AND	
1100	IMMEDIATE CAUSE (o)		ULMOR	VAR	y VC	COM	LPE	NSATI	070	(O_D,	AYC
4 20.		^		_		4.6		0			
Conditions, if o			RIER	1050	EROTIC		EAR	T VIS	Ense	UNI	DET
couse (a), stating											
lying couse last,) (c)										
PART II. OTH	HER SIGNIFICANT CONE	DITIONS CON	TRIBUTING TO DE	ATH BUT N	OT RELATED TO THE T	ERMINAL D	SEASE CON	DITION GIVEN	IN PART 1(o)	9. WAS AI	UTOPSY MED?
31										YES 🗌	
PART II. OTH	S UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY O	CCURRED.	(Enter noture of injury	y in Port I c	r Port II of	item 18.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yea	r 20d, INJUR	RY OCCURRED	20e. PLA	E OF INJURY (Hame,	farm, 20f.	(City or to	wn)	(County)		(Stole)
Hour o.m.	19	While	Not while	fock	ory, street, office bldg.	elc.)	,	1	, , , , , ,		,
₹ p. m.		ol work [of work	-		i					
21. I certify th	at I attended the	deceased :	from 27	2-5	19. <u>6.9</u> , to	5/	3	_, 19 <u>6</u> 9,thc	at I last saw	the de	ceased
alive on	2/2	., 1960	_ , and that	death	occurred at_5					stated	above.
		_				ADDRE	SS (Street, o	ity or town, slot	e)	DATE	SIGNED
SIGNATURE	lefred R	· hu	many	- M	.D. / =	36 1	ZAC	E 51	-	3/	81/6
	U		0								-
PHYSICIAN'S NAME (Type)	ALFRED	R.	MARY	ANG	V	CA	MB	RIDE	£ ,	M	$D_{\cdot \cdot \cdot}$
22a BURIAL, CREMATIO REMOVAL (Specify)			C NAME OF CEM	ETERY OR	CREMATORY	22d. l	OCATION (City, Iawn, or c	ounty)	(Stote))
Burial	3/6/60		Dorchest	er Me			Cambr:	dge, Ma	myland.		
23. FUNERAL DIRECTOR			ADDRESS	%		REC'D BY R		1	AR'S SIGNATUR		
Le Compte	Fuheral Se	rvice,	Cambrid	ge, N	ary Land OATE	MAR 1	1 '60	Clith	47 S. Hrass		



1		1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
- ·	1		1 tem 9 Filind 261 4/25/60 cap 64459 3230 CERTIFICATE OF DEATH Reg. Dist. No.
Coge to the filed with	V.	1.	PLACE OF DEATH o. COUNTY DORCHESTER MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY DORCHESTER MARYLAND 1 A L. ROT
eral c be fil		卜	b. CITY OR TOWN (If outside corporole limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporole limits, write RURAL ond give nearest fown) RURAL ond give nearest fown)
f f		L	CAMBRIDGE /CDAYS /SURAL - / 14 CHMAN
urs afte by the d 2 sho	04	7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR I
24 ha ed in 1 an		3.	NAME OF DECEASED (I'vpe or print)
hin S		5.	Cet to Lat Jan L Per IAN J
d wil			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS IN INDICATE IN IT IN I
cute camp	É	106	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
and a	8	_	HOUSEWORK GAMEN NEW YORK (SA
d P P	e E	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. MOTHER'S MAIDEN NAME
rhificat physici mave		15.	WAS DECEASED EVER IN U S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
		- J*	1. NO OF UNKINGER INK - MR. WALTER, TREEMON THEGHOOM MO
eath endir		1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
he d en p	<u> </u>		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Brouch D pneumon; a ONSET AND DEATH 2 UT to A
The state	υ . .		471X DUE TO
ed b	y A		Conditions, if any, which gove rise to immediate (b)
equir sign it pe	<u> </u>		cotse (o), stating the <u>under-</u> lying couse last.
sicia seen rans	, g	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
phy phy nos t		Z AT	YES I NO I
IAN: T rending ficate I ficate I		L CERTIF	20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of ilem 18.)
HYSIC or offi is cert use as		MEDICAL	20c. TIME OF INJURY Month, Doy. Year Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work of wo
AG P spita er th Far	5	*	21. I certify that I attended the deceased fram
NDIP P ha			alive an, 12, and that death accurred atM, from the causes and an the date stated above.
TOR:	2		ADDRESS (Sireet, city or town, stote) DATE SIGNED
ed b			SIGNATURE tasm 7 7. yel, Who. HURLock, Md. 3-19-60
retain RAL D should			PHYSICIAN'S VASON F. G. YEEMID. HURLOCK, Md.
OS P	D)	22	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
5 5 5		23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS
VS A15 (4) 15M 9/55			1 Tempton and Stilling of Date APR 19'60 archer & Known
13M 7/33	A	16	MAD THE THE PARTY OF THE PARTY

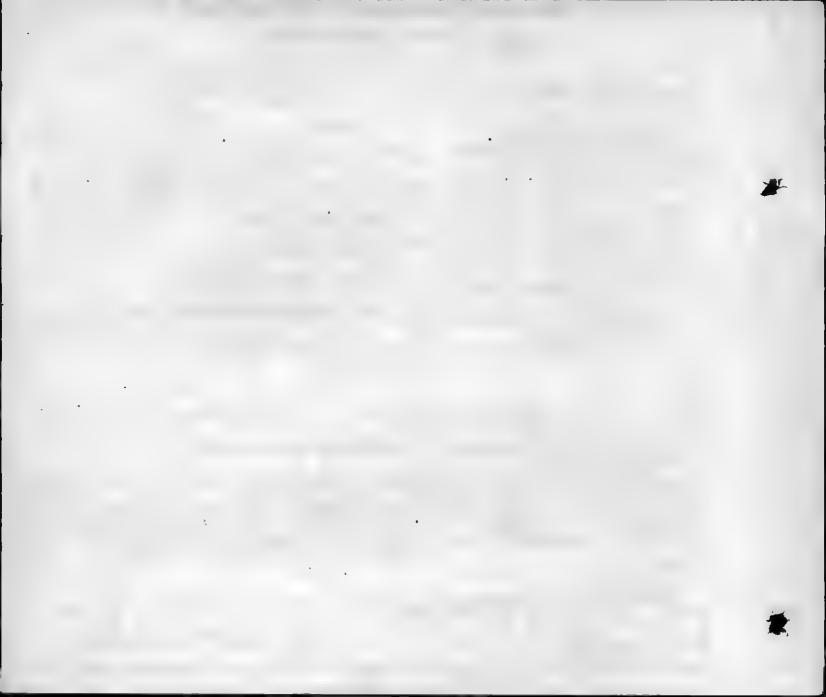
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		3233	CERTIFICA	TE OF DEATH	Reg	(132日) J. Dist. No.
director, filled with	1.	PLACE OF DEATH COUNTY DORCHESTER	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARYLAN)	deceased lived If institution: Re b. COUNTY	DORCHESTER
hould be f		c. CITY OR TOWN (If outside corporate limits, write RUCAL extends from town)	LIFE	CAMBRI	ide corporate limits, write RURAL DGE	and give nearest town)
d 2 sho		NAME OF HOSPITAL (If not in hospital, give street CAMBRIDGE MARYLAND HOSE	oddress)	/ d. STREET ADDRESS 304 WEST EN	D AVE.	e. IS RESIDENCE ON A FARM? YES NO
T du		NAME OF First PECEASED Type or print) OLIVER R. C.	Middle GORE		DATE Month OF DEATH MARCI	Day Year H 23- 19 60
	S. :	EX 6. COLOR OR RACE 7. MAR MALR WHITE WIDOW		DATE OF SIRTH SEPT. 8 1875		NDER 1 YEAR IF UNDER 24 HRS
and cample ban papers.	10a	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) SALEMAN	LIFE INSURANCE			US A
e carba s after	13.	FATHER'S NAME EDWARD GORE		MARGARET		
ng phys remav 72 haur		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 .no, of unknown) [If yes, give wer or detect of service)	SOCIAL SECURITY NO. 17. IN	FORMANT MRS OLIVER GOF	Address	MARYLAND
ne attendi hen pleas		18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ceneb	ral thrombo	cic	INTERVAL BETWEEN ONSET AND DEATH
ed by the		Conditions, if any, which gave rise to immediate DUE TO			riosclerosis s with gangre	70
ansit pe	N _O	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS	richt	lower extra	emity	Feb. 22,
urial-tra	FICATI		CRISE HOW INJURY OCCURRED.			PERFORMED? YES NO
ifficate is the b	AL CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
this cer ar use o rematio	MEDICAL	Hour o. m. 19 While of we	Not while foct	ory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Straffer sched fo		21. I certify that attended the decear	ed from Feb. 22	., 1900 , to <u>Ma:</u> occurred at 5:20/F /	nch 23, 1960,tha M, from the causes and c	it I last saw the decease on the date stated above
RECTOI be detr riar to t		ACTUAL SIGNATURE	uks "		DRESS (Street, city or lown, state) OCLUST SY	
should should istrar p		PHYSICIAN'S WE HEHAW	KS HA	PAMI	BRIDGE	Md. "10
o and a second	L	BURIAL CREMATION, 226. DATE THEREOF MARCH 25, 19	22c. NAME OF CEMETERY OR 60 CHRIST CHU	CREMATORY 22A RCH CEMETERY	d. LOCATION (City, fown, or cour CAMBRIDHE MAR	rty) (State)
15 (4) P/SS *	23.	FUNERAL DIRECTOR'S SIGNATURE LE COMPTE FUNERAAL SERV	ICE CAMBRIDGE	MARYLA MB REC'D	REGISTRARO 246. REGISTRAR	S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





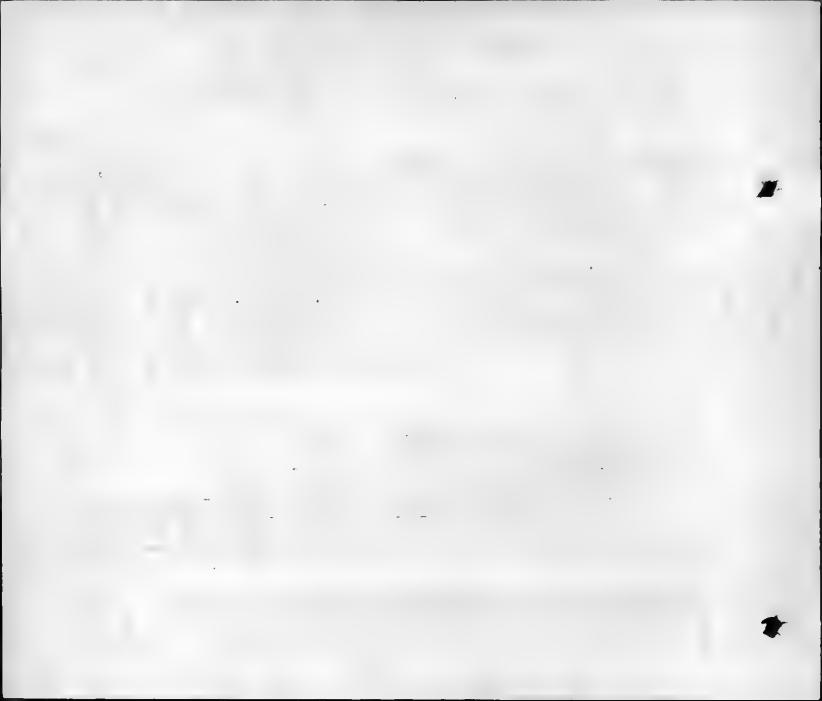
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in by the funeral directar, and 2 should be filed with

may be refound by the hospitol or offending physicion.	NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled	3 should be detached for use as the burial-transit permit. Then please remove carbon papers.	the registrar prior to burial, cremation, or removal, and in any event within, 72 hours after death.
y ine nosp	IOR: After	fetoched f	o burial,
e retoined by	ERAL DIRECT	3 shauld be d	gistrar prior t
D COE	2		the rec

3/33		Ke:	g. Dist. No.							
1. PLACE OF DEATH • DOROHESTER MARY	2. USUAL RESIDENCE (W	here deceased lived If institutions R ND b. COUNTY D	esidence before admission) ORCHESTER							
b. CITY OF TOWN (If outside corporate limits, write CAMBRIDGE orest town) CAMBRIDGE orest town) LIFE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CAMBRIDGE								
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTE WILLIS STREET	/d STREET ADDRESS 122 WILL:	IS STREET	e. IS RESIDENCE ON A FARM? YES NO							
3. NAME OF DECEASED (Type or print) DAVID HORM	AN JONES	4. DATE Month OF DEATH MARCH	18, Yeor 60							
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCE	WAY 0 1876		NDER 1 YEAR IF UNDER 24 HRS. nths Doys Hours Min							
CARPENTER OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS CARPENTER	OR INDUSTRY 11. BIRTHPLACE (SIGNA MARYLANI		2. CITIZEN OF WHAT COUNTRY USA							
DAVID W. JONES	14 MOTHER'S MAIDEN I									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO NO volingwin] [If yes, give wer or date of carrice] 218 20 8027		ES JR. CAMBRIDGE	MARYLAND							
The Cause of Death [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia Due to Conditions, if ony, which gave rise to immediate couse (o), stoling the under: tying couse lost. INTERVAL BETWEEN ONSET AND DEATH 3 days Let to Uremia (b) Arteriosclerotic cardio vescular renal disease 10 years+ Due to (c)										
A OR CONTRIBUTING □ CAUSE OF DEATH I	ATH BUT NOT RELATED TO THE FERMI		N PART (O) 19 WAS AUTOPSY PERFORMED? YES NO							
Column C	20e. PLACE OF INJURY (Home, form foctory, street, office bldg., etc		(County) (Slole)							
21. I certify that I attended the deceased from 2-2 alive an 3-18-60 , 19 , and that ACTUAL SIGNATURE SIGNATURE SIGNATURE FLORING H. Wolff, M.D.	t death occurred at 7:551	3-18-60 , 19 ,the Causes and a ADDRESS (Street, city or town, stote) Street, Cambrid	on the date stated above DATE SIGNE							
220 BURIAL CREMATION, 22b, DATE THEREOF 1960 DORCHES	TER MEMORIAL PORK	22d. LOCATION (City, lown, or cou CAMBRIDHE MA	RYLAND (Stote)							
201E COMPTE FUNERAL SERVICE CAMBAIDH	E MARYLAND 240. MA	D BY REGISTRAR 246. REGISTRAR	S. Kraus							



d. NAME OF HOS	Dorchester I (If outside corporate limits, write owel) OCK PITAL OR INSTITUTION (I		MARYLAN LENGTH OF STAY IN 1	10	0						
	PITAL OR INSTITUTION (I	1	4 Mo.	b c. CITY OR TOY	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hurlock						
		f not in hospita		d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)							
DECEASED (Type or print)	Fin Ed	ith	Middle	Jones	4. DATE OF DEATH	Marcl					
s. sex Female			NEVER MARRIED [] DIVORCED []	Rov. 13,19	149	9. AGE (in years last birthday) yrs-	Months Days	R IF UNDER 24 HRS. Hours Min.			
during most of wo	rking life, even if retired)	dane 105. KIND	OF BUSINESS OR IND	Mary	land	untry)	1	OF WHAT COUNTRY			
				Pricil							
(Yer no. of huknowu)	(It yes, give war or dates of	serviça)	-		Jones		ock, Md				
		se per line for (nia			NO N	rerval between iser and death 1 day			
			Res	piratory :	infectio	n		lxday			
(a), stating the	underlying DUE TO							-			
SI SI							/EN IN PART I(a)	PERFORMED?			
	· · · · · · · · · · · · · · · · · · ·					·					
Heur a.	m,	While	Not while	PLACE OF INJURY (Home octory, street, office blds	, form, i 20f. (City j., etc.)	or lown)	(County)	(State)			
], and find that			
ACTUAL SIGNATURE	Jones-	· Zun		M.D.	_			DATE SIGNED			
EXAMINER'S NAME (Type)				DEPUTY MED	ICAL EXAMINER	<u> </u>		3/30/6			
BURIAL, CREMA REMOVAL (Spec BUT 1 a L	(6.)							(State)			
TO THE SECURITY OF THE PROPERTY OF THE PROPERT	Da. USUAL OCCUPY during most at wo NOM NOM 3. FATHER'S NAME S. WAS DECEASED (et. no. occurrence) 18. CAUSE OF D PART I. D Canditians, if gave rise to im (a), stating th cause last. PART II. C PRIMARY a c CAUSE OF DEAT 20c. TIME OF IN Hour a. I P. I certify death result ACTUAL SIGNATURE EXAMINER'S NAME (Type) 20 BURIAL (Spac BUL'I LE L	OD. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired) NONE 3. FATHER'S NAME Prost Jone S. WAS DECEASED EVER IN U.S. ARMED FOR (etc. no., etc. unknown) 18. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate course (a), stating the underlying DUE TO course last. PART II. OTHER SIGNIFICANT CONICALS OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY DIG CONTRIBUTING DIG CAUSE OF DEATH. 20a. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that I toak charge death resulted from: Natural in actual signature EXAMPLE TO THE CONTRIBUTION (Specify) BUIT 18.1	DO. USUAL OCCUPATION (Give kind of work dame) during most of working life, even if retired) NONE 3. FATHER'S NAME Prost Jones 5. WAS DECEASED EVER IN U. S. ARMED FORCES? (as. too, equinknown) (iff yes, give wor or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTI 20a. EXTERNAL CAUSE WAS PRIMARY (in a CONTRIBUTING in CAUSE OF DEATH. 20a. TIME OF INJURY Month, Day, Year While of work (in a control of the control of t	DO. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 3. FATHER'S NAME Prost Jones 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [th year, give wor or doler of service) 17. [th year, give wor or doler of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. [MMEDIATE CAUSE (a) [Toxer of the immediate cause (a) [Toxer	DOL USUAL OCCUPATION Give kind of work done during most of working life, even if retired) NOTE 3. FATHER'S NAME FOST JONES 5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. IT. INFORMANT FOOST JONES 5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. IT. INFORMANT FOOST JONES JONES OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause [a], stating the underlying (c) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRIMARY or CONTRIBUTING DEATH BUT NOT RELATED TO THE Hour a.m. p.m. 19 at work at work foctory, street, affice bldg at work at work 19 at wor	DOL USUAL OCCUPATION Give kind of work done during most of working life, even if refired) NONE 3. FATHER'S NAME Frost Jones 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frost Jones 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frost Jones 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gave rise to immediate cause gold in the underlying cause last. Get a sing the underlying (c) FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PRIMARY To ar CONTRIBUTING TO CAUSE OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY To ar CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PRIMARY To ar CONTRIBUTING TO DEATH. 20c. TIME OF INJURY Month, Day, Year While of work of wor	DOLUSIAL OCCUPATION (Give kind of work done done) DOLUSIAL OCCUPATION (Give kind of work done) Tolusial (A. MOTHER'S MAIDEN NAME Pricilla Tubman Address Priost Jones Toxemia Toxemia Toxemia DOLUSIAL (Company) DOLUSIA	DO. USUAL OCCUPATION (Give kind of work done down to done to the tender of the tender			

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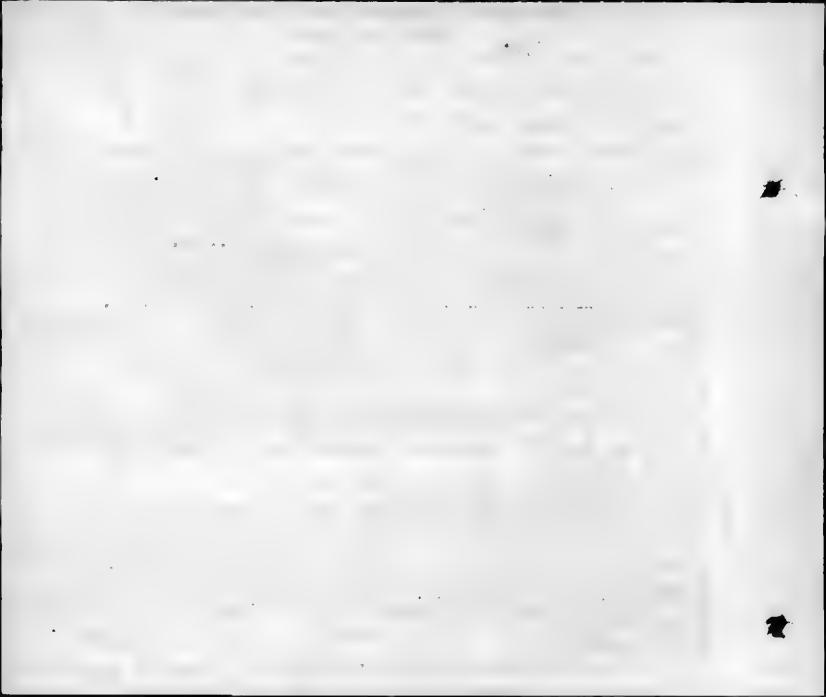
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 64469 **CERTIFICATE OF DEATH** Rea. Dist. No.

1. PLACE OF DEATH b. COUNTY	Dorchest	ier	MARYLAND	2 USUAL RESIDENCE (o. STATE Man	Where deceased	lived If instituti b. COUNTY		before odm	
b. CITY OR TOWN (If outside corporate limi		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (ote limits, write R	URAL ond giv	re nearest to	wn)
RURAL and give in Cambr			Life	/2 Car	bridge				
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, s	jive street		d. STREET ADDRESS				e. ts R ON	ESIDENCE A FARM?
16 Cr	oss Stree	et		16	Cross	Street		YES	□ NO []
3. NAME OF DECEASED (Type or print)	Este	*	Middle	Jones	4. DATE OF DEATH	Mor Ma:		Day 30 g	Year 1960
5. SEX			RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		
Female	Negro	WIDOW		July 12.	1883	lost birthdoy) 76 yrs.	Months D	Days Hour	n Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDE			7 -	12. CITIZ	EN OF WH	AT COUNTR
	king life, even if retired)	Housewife	Dorches	ton Co	Md		USA	
HOUSEL	III.e.		TOUSENTIE	14. MOTHER'S MAIDE		rade		ODIZ	
	T)				Mahal	in Co	nount		
15. WAS DECEASED EVE		CES? 116		INFORMANT	Mahal		noway		
(Yes, no, or unknown)	("If yes, give wor or dates of a	ervicel	20-01-7857	Evelyn Jo	ones, C	ambrid	ge, Mo	d.	
	ATH [Enter only one co	vse per li	ine for (o), (b), and (c).]					INTERVAL	BETWEEN
	TH WAS CAUSED BY:		rterioscler	otic heart	disca	se		ONSET AN	D DEATH
434	DUE TO								
Conditions, if a	Canding Decomposition								
gove rise to i	gove rise to immediate (
cosse (a), stating lying couse lost,	the finder.	:}							
Z PART II. OTI			CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART	(o) 19. WA	S AUTOPSY
PART II. OTI									FORMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Port	II of item 18.}			
Hour o.m.	RY Month, Day, Ye	While	Not white fi	LACE OF INJURY (Home, for portory, street, office bldg.,	erm, 20f. (City	or town)	(Co	unty)	(State)
		of we				20 (0			
			sed from Januar						
alive on 11a;	rch 30	, 196	ond that deat	h occurred at					
	06.0	1	123/	* * * * * * * * * * * * * * * * * * * *		eet, city or town,			DATE SIGNI
SIGNATURE	1.500	-12	and .	M.D. 227 : 1:	ne St-	Cambrid	ge, Ma	4-	-1-60
PHYSICIAN'S NAME (Type)	J. Edwin	Fass	sett, M.D.						
220 BURIAL, CREMATIC	ON, 226. DATE THEREC)f	22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATI	ON (City, town,	or county)	(St	rote)
REMOVAL (Specify)	4/3/19	60	Salem Ce	metery	Dor	chester	Coun	ity, I	Md.
23 FUNERAL DIRECTOR	100		ADDRESS		EC'D BY REGISTR		STRAR'S SIGN		
Herker /1	SHear	AS.	Cambridge,	Md. DATE	APR 8	'60	Orthur S	? Thous	



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ARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	1

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192K	CERTIFICATE	OF DEATH
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23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

J.J. Framptom and Son, Federalsburg, Maryland

			1231	CERTIF	ICA	TE OF DEAT	ſΗ		Reg. D	ist. No.		C + 1	
	PLACE OF DEATH	chester		MARYLA	ND	2. USUAL RESIDENCE (Va. STATE Mary	Where decess	ed lived. If instituti b. COUNTY	-	nce befor		ian)	
	b. CITY OR TOWN (IF RURAL and give no Combrid		ts, write	c. LENGTH OF STAY IN	the country of town (If outside corporate limits, write RURAL and give nearest fawn) Harlock — Ratral								
	NAME OF HOSPITA OR INSTITUTION CEMBER	nt (If not in hospital, g lige-Marylar	ive street	spital		d STREET ADDRESS	RFD					FARM?	
3. NAME OF First DECEASED (Type or print) Clara		Middle Morean		Lankford death Mai		n/i			,	Yeor 1980			
	ema le	6. COLOR OR RACE White	7. MARR	D DIVORCED	_	January 7.	1891	9. AGE (In years lost birthday) 69 yrs.	IF UNDE Months	Days	Hours	R 24 HRS Min.	
_	USUAL OCCUPATION during most of works HOUSEWOY FATHER'S NAME GEORGE	ing life, even if retired	lone 10b.	KIND OF BUSINESS OR Home	INDÚS	Dorchest 14. MOTHER'S MAIDEN Margaret	ote ar foreign CO • NAME	, "arylar		U.S.		OUNTRY?	
	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of se	rvicu) 2	SOCIAL SECURITY NO. 16-09-4878	-	NFORMANT	ucford,	H,rlock,		ylan	d		
		mediate	100	refor (a), (b), and (c).]	2	Throe	ties	sie	200		ERVAL BE		
NO.	cause (a), stating the under: [Iying cause last (c)										AUTOPSY		
IFICATIO	PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II af item 18.)										KMEDY		
MEDICAL CERI	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Manth, Doy, Yea	while	_ Not while _	De. PLA fac	ACE OF INJURY (Hame, for tary, street, affice bldg.,	arm, 20f. (Ci	ty ar town)		(County)		(State)	
		at I attended the		ed from 1/10	eath	196 6 to accurred at 2:25					stated		
	PHYSICIAN'S NAME (Type)	N. HH	7N,	KS My	>	CARI	BRE	D6E,	XX	RY	LAN		
220	BURIAL, CREMATION REMOVAL (Specify) BUTIAL	March 4,		East New 1		crematory ket Cemetery		ation (City, town, t New Mar		Mar	yland		

24a. REC'D BY REGISTRAR

DATEMAR 1 0 '60

24b. REGISTRAR'S SIGNATURE

arthur S. House

0 VS A1S (4) 1SM 9/S8



within 24 havirs after death. Page

requires that the death certificate be executed

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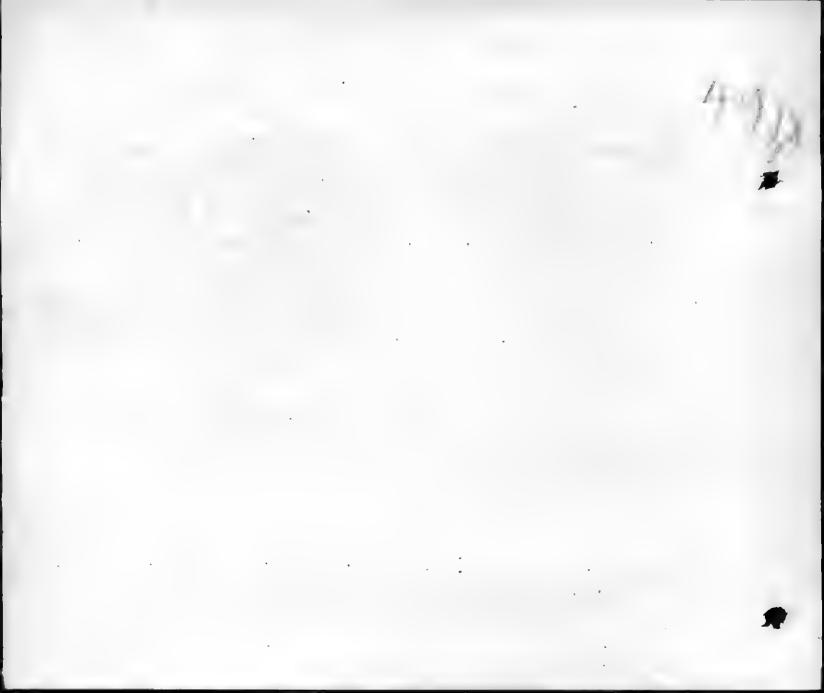
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TIFICATE OF DEATH Cap directa 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH o. COUNTY ___b, COUNTY Dorchester MARYLAND STULANO 1 mg 1. mg 1 funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY N 1b RURAL and give nearest town)
rural Cambridge should FOFL d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE the ON A FARM? OR INSTITUTION "The Strand" YES NO [] Eastern Shore State Hospital Middle 4. DATE Year 3. NAME OF Month DECEASED DEATH 1960 (Type or print) MARNEC 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8-DATE OF BIRTH 7. MARRIED IN NEVER MARRIED 88 yrs Months white DIVORCED [WIDOWED [7] 12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign Country) during most of working life, even if retired) mail Carrier u.s.Gov. pub ofter 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician 9 Mary You Joseph Longnecker haurs remove 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address INFORMANT 2 Hospital records ukn attending none no please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 7 borial 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (State) (County) Day, Year foctory, street, office bldg., etc.) Hour p. m. While Not while at work at work p. m. 1957, to. 2.17 1965 that I last saw the deceased 21. I certify that I attended the deceased from Jah ____, and that death accurred at 9.43.2 M, from the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or fown, state) ACTUAL Mp. E.S.S. Hospital, Cambridge, PHYSICIAN'S Thomas J. Dredge NAME (Type) 22d LOCATION (City, town, or county) 220 BURIAL CREMATION, 22b. DATE THEREOF (Stole) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o, REC'D BY REGISTRAR DATE APR 1 9 '60 arthur & Kroug 15M 9/5B

after death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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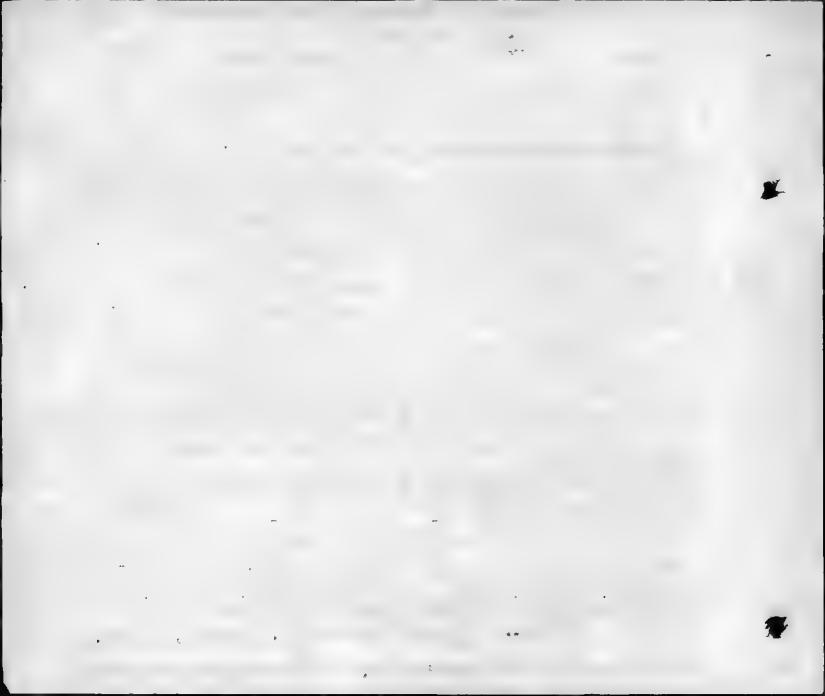
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director filed death. 0 2 should 2 executed and carbon nave ģ permit. buriol-tronsit ő 8 ö shaul 3 50 15M 9/55





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03214 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If ownide corporate limits, write RURAL and give neorge town). c. LENGTH OF STAY IN 16 CITY OR TOWN (If-outside corporate limits, write RURAL and give negrestrown) d. NAME OF HOSPITAL (If not inclaspital, give street oddress d STREET AND DRESS e. IS RESIDENCE ON A FARM YES NO P NAME OF Middle 4. DATE Last Year DECEASED (Type or print) DEATH 6. COLONOR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. (hday) Manths Days WIDOWED FA DIVORCED TT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (Stote or foreign country) during most of working life, even it retired) 12 GITIZEN OF WHAT COUNTRY? premar- actor 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 22-SINFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour e.m. While Not while. at work O al work 23 21. I certify that I attended the deceased from, £., 19,a.U.,that I last saw the deceased alive an_ _, and that death accurred at __(_ LEM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE univ PHYSICIAN'S NAME (Type) BURIAL CREMATION, 226 DATE THEREOF *QEMETERY OR CREMATORY* 224 LOCATION (Gity fawn of county) (Stote) PUNERAL DIRECTOR'S SIGNATURE -ADDRESS 246 REGISTRAR'S SIGNATURE 246/ REC'D BY REGISTRAR VS A15 (4) 15M 9/55 Calley & Traus ATE MAR 1 6 '60



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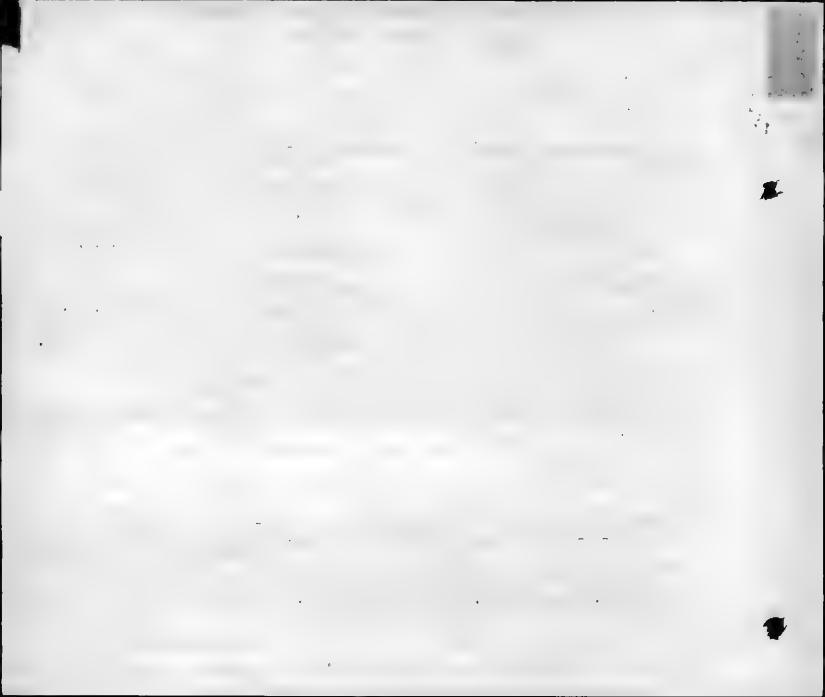
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. 6 VS A15 (4) 15M 9/5B 3240 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY			***	- 11	O. STATE	/here decease	d lived. If instituti		efore admi:	ssion)
	Dorchester		MARYLAI	מא	Maryla	nd		Dorches	ter	
b. CITY OR TOWN (I RURAL ond give no	f autside carparate limi carest town)	ts, write	c LENGTH OF STAY IN	16	CITY OR TOWN (IF	outside corpo	rote limits, write F	RURAL and give	nearest tow	rn)
0	ambridge		24 years		Cambri	dge				
OR INSTITUTION	AL (If not in haspital, g		•		d. STREET ADDRESS	_			e. IS RE	SIDENCE A FARM?
(Cambridge-M	aryl	and Hospital		204 Lo	cust S	treet			NO)
3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Moi	nth	Day	Year
(Type or print)	Isra	el	Mark		Schwerz	DEATH	March 2	4,1960		19
5. SEX	6 COLOR OR RACE	7- MARI	RIED CNEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years lost birthday)			7
Male	White	WIDOW	ED DIVORCED	J	an.11,1893		67 yrs	Months Do	ys Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign o	ountry)	12. CITIZEN	OF WHAT	COUNTRY
Retired Of	il Salesman				Vienna, Au				U.S.	
13. FATHER'S NAME		-			14. MOTHER'S MAIDEN					7
First name	nk. Schwar	2			Unknown					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INF	ORMANT		Add	lress		
No	(ir yes, give war or adnes or s	HIVIOW)		Mrs.	Fredericks	Schwa	62,204 L	ocust S	t.,Ca	mb.,
18. CAUSE OF DEA	TH [Enter only one co	use <u>per li</u>	ne for (a), (b), and (c)					[1	NTERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY.	18	Y		// -	4 4 6		10	NSET ANI	D DEATH
	IMMEDIATE CAUSE (o		Station April	4/ (Carrer 1	MARKE	K COLLAND		244	2,62-
420.	DUE TO	13	•	0	11				att .	
Conditions, if or	ny, which }	100	Louis Ad	11	offer one	•			GUN	2
gove rise to in		-	4.	,	01		1 .		, /	
couse (o), stating lying couse lost.	the under:	Has	140-00la	,,,	- C419	2 kg/	bulle.	ace 1	Mes-	2400
	JEP SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	RLT N	OT BELATED TO THE TERM	AINIAI DISEAS	E CONDITION OF	VEN: IN DART II	119 WAS	ALITOPSY
PART II. OTH	011	DITIONS	CONTRIBUTING TO DEATH		CI KELATED TO THE TEXA	ALL KINDS	E COMPILION OF	ARIS USTRUCT IN	PERF	ORMED?
5 Ceres	to the	ماسور	oce CN	1	energhap				YES	NO 🔼
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED	(Enter nature of injury in	Port I or Por	t II of ilem IB)			
N 20c TIME OF INJUR	Y Month, Doy, Ye	or 20d. I	NJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, far	m, 20f. (City	or lown)	(Cour	rtv)	(Stote
Hour o.m.	19	While		focto	ry, street, office bldg , el	lc)			,	
	-4.1 -14 -1 1.1				1057	2000	24, 1960	nk	-1	
	at attended the	-	h		1757 10					
alive an	TELL ST.	_, 196	, and that de	eath c	ccurred at 4:30				ate state	d above
		6			10 1	ADDRESS (S	treet, city or town	, slote)	DA	TE SIGNE
ACTUAL SIGNATURE	1/ 600	1/64	the .	М.	o aust	ung	, Wel	14	22 25	69
		6,	77. 1	,						
PHYSICIAN'S NAME (Type)	times /	1.	nowp	20	<u> </u>					
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	ř	22c NAME OF CEMETER	RY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)	(SIC	ote)
Cremation		960	Fort Linco	ln C	emetery	Ues	hington.	D.C.		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC	D BY REGIST	TRAR 246. REG	ISTRAR'S SIGNA	ATURE	
Service	The Kide	auc	Cambri	rage	, Md. DATED	2 8 '60	an	of & Kray	4	
					NAK	<u> </u>		WI_A_ E VANN	-	

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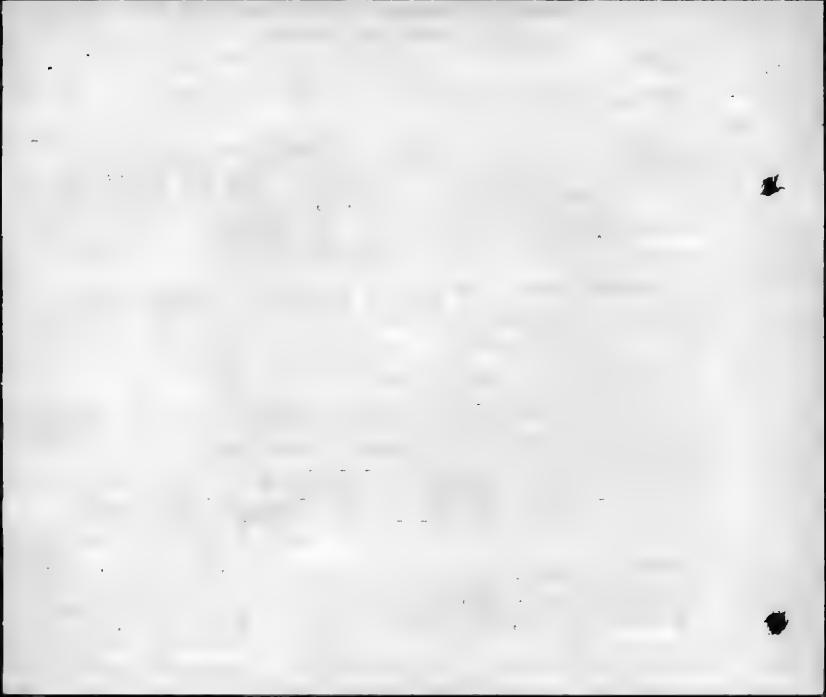
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	3957	CERTIFICATE OF DEATH
PLACE OF DEATH		2 USUAL RESIDENCE (When

2957		110 O. DUATI.	Reg. Dist	. No.
o. COUNTY DORCHESTER	MARYLAND	2 USUAL RESIDENCE (Where a. STATHARYLAND)	e deceased lived. If institution: Residence b. COUNTY DORCH	before admission) ESTER
b. CITY OR TOWN (If outside carporate limits, write RURAL add pharmagnets)	c. LENGTH OF STAY IN 16 9 MONTH	CAMBRIDGE	ide corporate limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTRUTEDND # 2	address)	RFD# 2	<u> </u>	e. IS RESIDENCE ON A FARM? YES NO
). NAME OF DECEASED (Type or print)	Middle	Scott 4	DATE Month OF DEATH MARCH 1	4, Yeor 19 60
MALE WHITE WIDOW	ED DIVORCED	B. DATE OF BIRTH JAN. 12, 1902	lost 198hday) Months C	YEAR IF UNDER 24 HRS. Doys Hours Min
	KIND OF BUSINESS OR INDU	WEST VIRG		S A
3. FATHER'S NAME ELLA SCOTT		14 MOTHER'S MAIDEN NAM	* 	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vol. no. or (Volume)) (If yes, give wor or dates of service)		nformant IRS ARONALD HAR	Address EVEY CAMBRIDGE MA	RYLAND
1 - 11 2 2	ine far (0), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH 5 days
gove rise to immediate	arcinoma of par	ncreas		l year
cotts (o), stoting the under-				
PART II. OTHER SIGNIFICANT CONDITIONS. Gastric ulger with 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CIF EITHER, NOTIFY MEDICAL EXAMINER	hemorrhage			PERFORMED? YES NO V
		D. (Enter nature of injury in Par	I for Port II of ilem 18.)	
Haur a.m. While	6	ACE OF INJURY (Hame, form, clory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)
21. I certify that I oftended the decease				
olive on Narch 12 , 191	60, ond that death		M, from the couses and on the DRESS (Street, city or town, state)	e date stated above. PATE SIGNED
ACTUAL SIGNATURE CLASSIFICATION H	wolf		treet, Cambridge,	
PHYSICIAN'S Eldridge H. W	olff. M.D.			
220. BUSIAL CSEMATION, 22b. DATE THEREOF,]	L960" MEMORY 8	ARDENS 22	MADISON WEST VA	(Stote) e
3. FUNERAL DIRECTOR'S SIGNATURE LE COMPTE FUNERAL SERVICE	E CAMBRIDGE		R 2 8 '60 College of	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO TO TERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely Filled in by the funeral director, post 3 should be detached for use as the burial-transit permit. Then please remave carbon papers form and 2 should be filled with the registrar prior to burial, crematian, at remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

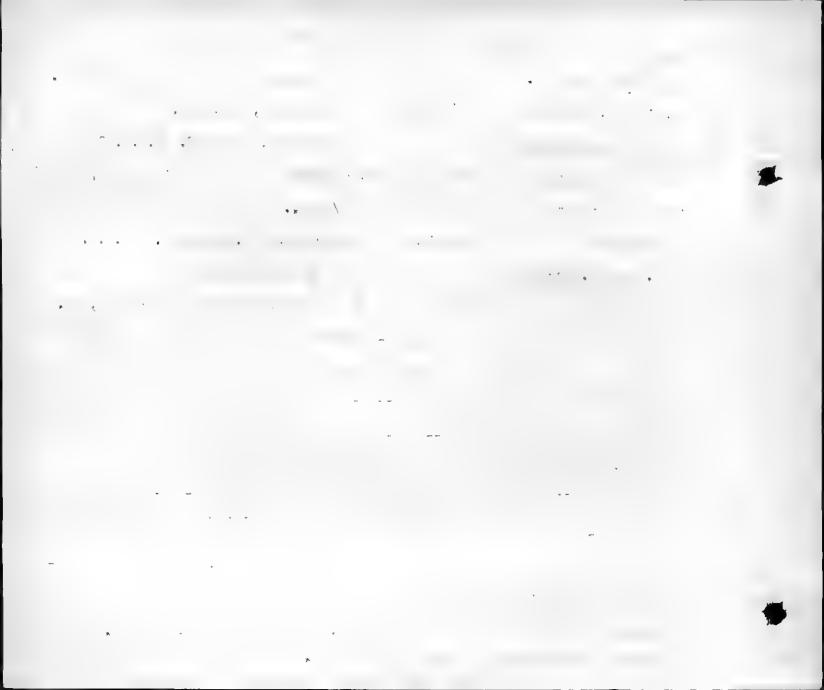


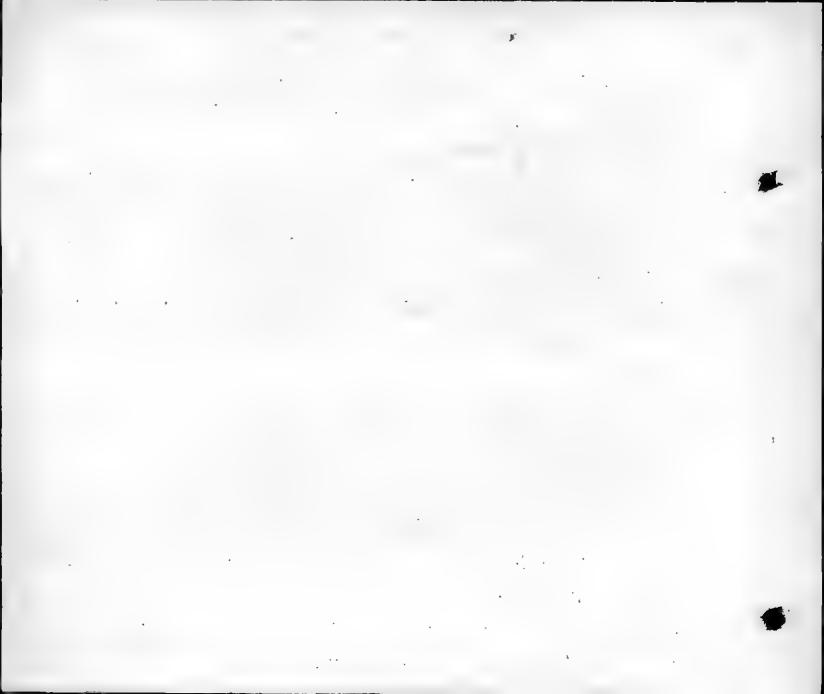


	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18
· -	3242 CERTIFICATE OF	DEATH Rég. qual (10)
g)more	a. COUNTY	RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY
EA	Dorchester Co. MARTIAND Ma	ryland Dorchester Co.
M	A RURAL and give nearest fown)	OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Cambridge, Maryland Life / Ca	mbridge, Marylande
217	Cambridge Maryland Life d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION / d STREET	ET ADDRESS G. IS RESIDENCE
06/		Y Street YES NO
	3. NAME OF First Middle	Last 4. DATE Month Day Year OF DEATH 3 - 20 10 6
	(Type or print) OKLILL SITER	A 0 17 8
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF	lost pirthday) Months Days Hours Min
	Male White WIDOWED DIVORCED 11/6	27 88 E 7 7 27/25
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
		en Hill Maryland U.S.A.
		ER'S MAIDEN NAME
1	George Galea Shenton	Francis Henry Fallon
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, one was or dates of service)	, Address
(*)	No No 214-07-8074 Mrs. Om	ville Shenton, Gay Street, Cambridge
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY. (Preference - La	1 (20 1 0 9 - 1 2 - Kry
	527 / DUE TO CO. 1. 1.	11/15
	Conditions, if ony, which) (b) Caller teles, to	(0)
	gave rise to immediate out to	, , ,
	lying couse last.) (c) / Methors day (c)	2.7h 40.00
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH URS (IF EITHER, NOTIFY MEDICAL EXAMINER)	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS
1	3 com - mild didlete.	YES [] NO [
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of DEATH CONTINUE OF DEATH CONTIN	re of injury in Port I or Port II of (tem 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while factory, street, a by work of work of work	RY (flome, farm, 20f. (City or town) (County) (Slo office bldg., etc.)
	P. m. 39 of work of work	
	21. I certify that I attended the deceased from	7, to 3 - 50 , 1960, that I last saw the deced
		at 4
		ADDRESS (Street, city optown, state) DATE SIG
	SIGNATURE DA " DE LES G. PL M.D.	Carolina is a 1 3 1
1		(/
	PHYSICIAN'S NAME (Type)	· ·
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR	Y ' 22d, LOCATION (City, lown, or county) (State)
*	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify)	
*	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR BURIAL (Specify) Burial Dordhester Memorial ADDRESS	

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within





VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03227

Į.	3245			Reg. Dis	t. No.						
	PLACE OF DEATH COUNTY DEATH	MARYLAND	2. USUAL RESIDENCE (Whe o. SMARYLAND	re deceased lived. If institution Residence b CORCHESTE							
	b. CITY OR TOWN (If outside corporate limits, write RURA) and give secrest fown) CAMBILIDUE.	c. LENGTH OF STAY IN 16		rtside corporate limits, write RURAL and gi	ive nearest town)						
7	d NAME OF HOSPITAL (If not in hospital, give street of the institution MARYLAND HOSP.	address)	d. STREET ADDRESS		e. 15 RESIDENCE ON A FARM? YES NO 1934						
	3 NAME OF First DECEASED (Type or print) TAURA	Middle P.	TODD	4. DATE Month OF DEATH MARCH	25, Year						
	S. SEX 6. COLOR OR RACE 7. MARR WHITE WIDOWE	TO BOTT IN HISTARILEO	1891	Land Markelland	YEAR IF UNDER 24 HRS Doys Hours Min.						
		KIND OF BUSINESS OR INDUST	MARYLAND		ZEN OF WHAT COUNTRY? USA						
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME							
ŀ	WILLIAM PHILLIPS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	FOCUL ESCURITY NO. 117 IN	MOLLIE WO	ORTEN Address							
	Yes no or unknown If yes, give wor or dates of service) 2.1		R. PRRCY TODI		LAND						
	18 CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 23/ DUE TO	PART I. DEATH WAS CAUSED BY: CEREBRAL HEMMORRHAGE ONSET AND DEATH SOLAYS									
Conditions, if ony, which gove rise to immediate (b) VIRUS PNEUMONIA											
	Couse (a), slating the under- lying couse tost. (c)	ARTERIO	UNDET								
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II DIABETES MELLITUS 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH OF CONTRIBUTING [] CAUSE OF DEATH										
		CRIBE HOW INJURY OCCURRED.	. (Enter noture of injury in Po	pri 1 or Pari II of item 18.)							
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o m. 19 of work	Not while focts	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Ci	ounly) (State)						
I	21. I certify that I attended the decease	ed from Man 2	, 1960, ta M	non 25, 1960, that I le	ast saw the deceased						
ſ	alive an 25, 196	ond that death	accurred at 11 35	M, from the causes and an th							
	ACTUAL OUL IN SOL	anano	12/	DDRESS (Street, city or lown, state)	DATE SIGNED						
١	SIGNATURE COLOR IC.	M M	I.D	IL/ALLE 3(3/2-6/25						
	PHYSICIAN'S ALFRED R.	MARYANOL	CAN	ABRIDGE, MD							
	BURNAL (Specify) MARCH 27, 196	O' DORCHESTER	MEMORIAL PARI	Rollocal Cambridge of Mary	LAND (Stole)						
	23 LE COMPTE FUNERAL SERVICE	E CAMBRIDGE A	ARMLAND 240. REC'D	AY REGISTRAR'S SIG	NATURE 2. Krana						



** 53 . 17. ٠.

03223

e. IS RESIDENCE ON A FARM? YES NOT

Year

19 60

limknown

Day

Hours

Days

U.S.A.

Dr. Eugene Traub, RFD # 3, Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH rare atio WAS AUTOPSY PERFORMED? YES 🗍 NO 🎵 (County) [Stote] 19 60 that I last saw the deceased and that death occurred at 12 PM, from the causes and on the date stated above. ADDRESS (Street, city or fown, stote) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Baltimore, Md. Greenmount Cemetary 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR arthur & Krous DATE MAR 8 '60

shauld 0 15M 9/55

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION.

Cremation

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Mar 2. 1960

Le Compte Funeral Service, Cambridge, Md.

ADDRESS

17 × »C

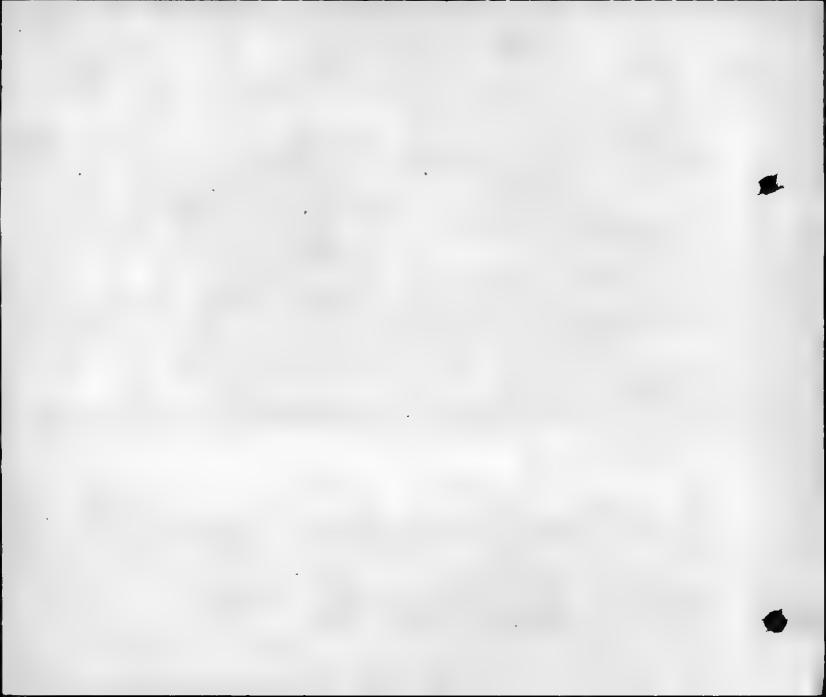
	3258	EKIIFICA	TIE OF DEATH		Reg. Dist. No.					
	1. PLACE OF DEATH . BURUHESTER	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	n Residence before adm DORCHESTER	ission)				
	- Nichtan	OF STAY IN 16	c. CITY OR TOWN (IF OU CAMBRIDO	tside corporate limits, write RU	IRAL and give nearest to	wn)				
	d. NAME OF HOSPITAL (If not in hospital, give street address)		R F D # 1		ON	A FARMS NO THE				
	3 NAME OF DECEASED (Type or print)	Middle N	VINTON Lost	4. DATE MARCI	h °16,	Yeor 19 60				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVI	ER MARRIED THE	MARCH 12, 188	9. AGE (In years lost birthday) 78 yrs.	Months Days Hour					
	TELEPHONE OPERATERS TELEPHO	NE CO.	TRY 11. BIRTHPLACE (Stole of MARYI.AND)	r foreign country)	U S A	AT COUNTRY?				
	PERCY VINTON		14. MOTHER'S MAIDEN NA ELDORA BRON							
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECULOR TO THE PROPERTY OF THE PROPERT		AIRD VINTON	CAMBRIDGE MA	ARYLAND					
	Conditions, if ony, which gave rise to immediate cause (o), storing the under-lying couse lost. Due to Due	EN CYR	1/2 Cd Av	ter; oscler	N IN PART I(g) 19 WA	S AUTOPSY ORMED?				
)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRED	(Enter noture of injury in Po	ort I or Part II of item 18.)		NO [
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCL While Not who to work p. m. 19 of work of work of work of work 19	nile foct	CE OF INJURY IHome, form, tory, street, office bldg., etc.)	20f. (City or town)	(Counly)	(Stole)				
	21. I certify that I attended the deceased from 2/1/2/60, 19, to 3/2, 1960, that I last saw the deceased alive on 1960, and that death occurred at 5/4M, from the causes and on the date stated above. ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE CAUSELINE Maryanov M.D. 136 R2(357. 3/17) PHYSICIAN'S NAME (Type) L2W PUCE Maryanov C2Mbridge, Md									
	226. BUPIAL CREMATION, REMORALAS DECISION AND MARCH 18, 1960 CA	MBRIDGE OF	CEMETERY	CAMBRIDGE"	MAKYLAND	ote)				
	LE COMPTE FUNEHAL SERVICE CAPE	HIDGE M	ARYLAND 240. REC'D		TRAR'S SIGNATURE					

4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

• ERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely as shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pother registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. 10 VS A1S (4) 15M 9/SS

illed in by the funeral director,



VS ATTIME BM 2/57

03225

	ಲೆ	523						Reg. Dist. No.	
1.	PLACE OF DEATH				2. USUAL RESI	DENCE (Where dec	eased lived. If institu	ition: Residence befo	are admission)
	e. COUNTY DO	rchester		MARYLAND	o. STATE	d.	b. COUNT	Y Wicomic	:0
	CITY OR TOWN (III	outside corporate fimilis, with	# TURAL	c LENGTH OF STAY IN 16	c. CITY OR	IOWN (If outside o	corporate limits, write		
Į.	Nr. Sharpt	own Md.		5 Min.		Sha	arptown	. *	8
			If not in hos	pitat, give street address)	d STREET A	DDRESS.			ON A FARM
					Wate	r & Tay	lor St.		YES NO
3.	NAME OF	Fir	sf .	Middle	Lost	4. DATE		h Day	Year
	DECEASED (Type or print)	Nelson	Cor	nley W	Talker	OF DEAT	H March	2	19 60
5.	SEX	6 COLOR OR RACE	T .		B DATE OF BIRTH		9 AGE (In years		IF UNDER 24 HES
	Male	White	WIDOWED	DIVORCED	Dec 7	, 1926	lost birthdoy) 33) yra	Manths Days	Hours Min
100	USUAL OCCUPATIO	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLA	CE (State or foreig	n country)	12 CITIZEN OF	WHAT COUNTRY
l '	Fisherma	n ine, even il relifeo)		None		v.d.		U.S.	A -
13	FATHER'S NAME				14 MOTHER'S	MAIDEN NAME			
	Charlie	C. Walke	r		mar	y Nels	on		
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO 17.	NFORMANT		Address		_
'''	Yes	WW 2	2	13-22-6484	Prooper R	eating-M	d. State P	olice.	
	18. CAUSE OF DEAT	H [Enter only one cou	se per line		- 1141-0	,9		(PATER)	VAL BETWEEN T AND DEATH
		H WAS CAUSED BY:	Cres	shing wound of	f chest				min.
	8225	C DUE TO	,	DILLEGE MUTALANCE					ALLEGE & W
	Conditions, if or		,						
	gove rise to immed (a), stating the u	fole couse					-		
	couse last.	(c)	}						
3	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO	HE TERMINAL DISE	ASE CONDITION GIV	VEN IN PART 1(6) 19	P. WAS AUTOPSY PERFORMED?
CERTIFICATION								Y	res No
TIFIC	20g. EXTERNAL CAU	SE WAS	DE DESCRIBI	HOW INJURY OCCURRED	Enter noture of inj	ury in Part I or Par	t II of item 18.)		
	PRIMARTY OF CON- CAUSE OF DEATH.	II KIBUTII GO	Drive	r of fire true	ck which	ovepturn	ed.		
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye		NJURY OCCURRED 200 PL	ACE OF INJURY (H	ome, form, 120f. (City or town)	(County)	(State)
WED	7-10 p.m	3-2- 19	60 While	1 1/01 AA3111/0	hwav		r. Sharpto	wn Wi.	Md/
	21. I certify th	at I taak charge	af the r	emains described abo		Autopsy 7,	Inspection X	Inquiry .	and in my
	opinion death	resulted fram:	Natural c	auses . Accident	D. Suicide	. Homici	de 🗍 . Undete	ermined manne	
				1	total.		0		
П	ACTUAL SIGNATURE	Lace	- 21-		ALD CHIEF M	EDICAL EXAMINER	B		DATE SIGNED
	I STORATORE	1-	122	- =	ASSISTAN	IT MEDICAL EXAM	INER (3/4/60
	EXAMINER'S NAME (Type)	John Mace	Jr.		DEPUTY	MEDICAL EXAMINE	R)W		
22	BURIAL CREMATIO	N, 226. DATE THERE	OF	22c NAME OF CEMETERY OF	R CREMATORY		CATION (City, town,		(State)
	Burlal	3-5-6	0	Firemens		S	harptown	, wid	
23	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24o. REC'D BY REC		STRAR'S SIGNATUR	_
	Smith F		lome	Sharntown	BER	DATE MAR 7	'60 a	relius S. Krau	2.6
					100)				



Rea. Dist. No.

1													
		PLACE OF DEATH o. COUNTY	Dorchest	pr	MARY	11	a. STATE	Mary]		lived. If instituti b. COUNTY	_	chest	
		b. CITY OR TOWN (I	outside corporate limit		c. LENGTH OF STAY	IN 1b		44		rote limits, write l			
		RURAL and give ne			Life		12 1			Sarcet			
~		d. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d. STREET A		Lugo			e. IS	RESIDENCE
.7		Cambri	dge Marv	land	Hospital		1	+05 I	ine	Street			N A FARM?
	3.	NAME OF	Fire		Middle	- 1	Lost		4. DATE	Mas	oth	Day	Year
		DECEASED (Type or print)	Ire	ne	Jackso	n	Willia		OF DEATH	Mar		12.	19 60
	S.	SEX			HED WEVER MARRIE	D 3. I	DATE OF BIRTH	Andread play		9. AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS.
	7	Female	Negro	WIDOW			ime 8.	190		lost birthdoy) 56 yrs.		Days Hou	ırı Min.
		. USUAL OCCUPATIO	N (Give kind of work of	done 10b.	KIND OF BUSINESS OF			CE (Stote	or foreign co			ZEN OF WH	SAT COUNTRY?
		Labore	ing life, even if retired)		ood Packi	ng	Doro	hest	ter C	ounty, M	Ial	USA	
	13.	FATHER'S NAME	/-		ood raona		14. MOTHER'S			00110,9 91.	ia p	UQII	
-		(George Si	mith				S	allie	Jacks	on		
r	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		<u> </u>	Add			
E	Jr.	No. or unknown)	Of yes, give wer or dates of se	HYVICE)	17-10-801	D A	nnie N	lae (amne:	r. Camb	ridge	5M	
-			TH [Enter only one co	use per lir	ne for (o), (b), and (c).)		AJARAN C A	14.0 0	/ Camp C.	L & Camp	I TOE		BETWEEN
			TH WAS CAUSED BY:		Cerebral		nnh a co						ND DEATH
		321Y	DUE TO)	reneprat	MEHRO	nauerse						
		Conditions, if or	su sublah N										
		gave rise to in	nmediate (
		lying couse last.	we nudet-										
	Z) (c) IER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	VEN IN PART	1(a) 19. W/	AS AUTOPSY
0	CERTIFICATION			_							CIA IIA I MAI	PEF	FORMED?
	TIFIC	20a. ACCIDENT WA	S UNDERLYING []	20b. DESC	CRIBE HOW INJURY OF	CURRED. (Enter noture of	injury in f	ort 1 or Port	11 of item 18.1	-	163	
	CER	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)							,			
		20c. TIME OF INJUR		r 20d, It	NJURY OCCURRED	20e. PLACE	OF INJURY (F	lome, form	20f. (City	or town)	IC.	ounly)	(State)
	MEDICAL	Hour a.m.	19	While	Not while	foctor	y, street, office	bldg., etc.)		(0.	,,	farotel
	2	-			21	h 12	. 19 60) N	nanh	13 6	0		
		alive on Mar	at I attended the	-	20 11011			, , Tee-		13, 19 6			
		dive on Tract		-14	and that	death o	ccurred at.			the causes o		e date st	
		ACTUAL	(Yell	Tan	JIE .		227			reet, city or town, - Cambri (a :	DATE SIGNED
1		SIGNATURE	700	7 ~	707	M.C		1 11	6 50	Cambrit.	rge, r	IU.)-1 (-0)
*		PHYSICIAN'S	. Edwin F	o a a a	ett.M.D.								
	=												
	420	BURIAL, CREMATION	- 1 - 1 -		22c. NAME OF CEME				-	ION (City, town,	or county)	(\$	itolej
	23.	BUTIAL ENNERAY DIRECTOR:		2607	Bethel	Ceme	terv			oridge,	Md.		
	71	IN LANDING	1110/	X		2 ~ ~	Ma		BY REGISTI		STRAR'S SIGN	10 10	
	4		10 June	1	Cambri	age,	Ma	DATE N	AR 22'	60 0	Irthun S	Thursday	

fifed in by the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO REAL DIRECTOR: After this certificate has been signed by the attending physician and campletely per 13 should be detached far use as the burial-transit permit. Then please remove carbon papers. Refer egistrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/S5

		CHARLES OF STREET	
The same of the same			
	7		
а _ "			
S		and the second second second	
Mark Mark Town		THE RESERVE WAS INVESTIGATED BY AND PROPERTY.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

3260

CERTIFICATE OF DEATH

03227

016

TO HOSPITAL OR ATTENDING FHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

TO HOSPITAL OR ATTENDING FHYSICIAN:

NERAL DIRECTOR: After this certificate has been signed by the attending physician and complete

NERAL DIRECTOR: After this certificate has been signed by the attending physician and complete

Page 3 shauld be detached for use as the burial-transit permit. Then please remain pages: Pages 1 and 2 shauld be filed with
the State Board of Health priar to burial, cremation, ar remayal, and in any event within 72 haurs after death.

VR A1S (4) 1SM 9/59

	UNIV		10.5							
1, PLACE OF DEATH o. COUNTY	Dorchester	•	MARYLA	ND	2. USUAL RESIDENCE (W a. STATE Maryland		lived. If institution b. COUNTY	n: Residence b		ssion)
	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If		ote limits, write RL			vn)
RURAL ond give			Byrs.10mos.	103	s Chance			10	9V	7
d. NAME OF HOS	PITAL (If not in hospital,	aive street		Lyce	d. STREET ADDRESS	0		- /	n. IS RE	SIDENCE
OR INSTITUTION	N				G. STREET NOONEGO				ON	A FARM?
	Shore Stat		-2			Ţ			162	1 40 KI
3. NAME OF DECEASED (Type or print)		rence	Middle		Willing	4. DATE OF DEATH	Mont		Oay 2Lı	Yeor 19 60
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	□ B	DATE OF BIRTH	1	9. AGE (In years	IF UNDER TYE		
Male	White	WIDOW	ED DIVORCED		5-13-84		lost birthday) 75 yrs.	Months Doy	Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	dane 10b	. KIND OF BUSINESS OR	INDUST	4	or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY
at the b	-							Υ.	T C A	
Waterma	III		-		Mary.				J.S.A.	-
	Willing VER IN U. S. ARMED FOR	25552 14	. SOCIAL SECURITY NO.	17 1615	Anna El	liott	Addr			
(Yes, no, or unknown)	(If yes, give wor or dotes of		. SOCIAL SECURITY NO.							
no				Eas	stern Shore	State H	ospital	Records	\$	
	EATH [Enter only one of	ouse per l	ine for (o), (b), and (c).]					1	NTERVAL E	BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (c	Carcinoma of	the	prostate				Unkne	
177	V DUE TO				-					
Conditions, if	any which I									
gave rise to	immediate DUCTO			-					-	
couse (o), statir	ig the under-									
lying couse los		()	CONTRIBUTING TO DEAT	DIST N	IOT DELL'ERA TO THE TERM	UNIAL DISCASS	COMPINION	Chi thi DART 1/	10 3/40	ALITORCY
110			Heart Disease	-	OLKERATED TO THE TERM	VINAL DISEASE	CONDITION GIV	EN IN PART IC	PERF	ORMED?
	WAS UNDERLYING A		SCRIBE HOW INJURY OCC		(Enter noture of injury in	Port I or Part	Il of item 18.)			
(IF EITHER, NOTI	NG L.) CAUSE OF DEATH FY MEDICAL EXAMINER)									
3 20c. TIME OF INJ	URY Month, Day, Ye	or 20d	INJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Hame, for	m, 20f. (City	or town)	(Coun	tv)	(State
Hour a. n	n. 1B	While	Not while	facti	ary, street, affice bldg., et	(c.)	w	1200	.,,	10
-	n. '',	of wo								
21. I certify t	hat (I) (th i s haspita	l) atten	ded the deceased fr	am	July 19	259 to	3-24	, 19_60,	that (1)	(we) las
saw the dece	eased alive an3	-22	19_60, and ti	hat de	eath accurred at 820	OMM from	the causes an	d an the de	ate state	d abave
22a. SIGNATURE		-	,						2	2b, DATE
	Gener H	ha	- hu	М	.D. PHYS.	NED.	STAFF PHYS.	3	3-24-6	50°
22c. PHYSICIAN		,	77		22d. ADDRESS	- (
NAME (Type		Long.	lev. M.D.		E.S.S. Hos	pital.	Cambridg	e. Mary	land	
23a. BURIAL, CREMAT			23c. NAME OF CEMET	FRY CO			ION (City, town, o			ote)
BURIAL Speci	6.4	60	ROCK CR			-	+ HANC		01	Die)
24. FUNERAL DIRECTO			ADDRESS		*	D BY REGISTI	2 1 1 1 1 1 -	TRAR'S SIGNA	-	
Tohen	4/11/0/1	3	7/1	6		AR 2 9 '60		Jun S. Kr		

